

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16/585787

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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10						
11						
12						
13						
14						
15		1				
16			1			
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31						
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33						
34			1			
35						
36			1			
37		1				
38			1			
39			1			
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42						
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46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			87			
TOTAL CLAIMS			88			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						